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PTO SB 17 (12-99)
Approved for use through 9-30-2000 OMB 0651-0032
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL FOR FY 2000

Forms are subject to annual revision

Small Entity payments must be supported by a small entity statement
otherwise large entity fees must be paid. See Forms PTO SB 09-12

See 37 CFR §§ 1.27 AND 1.28

TOTAL AMOUNT OF PAYMENT

(\$(55.00)

Complete If Known

Application Number	09/209,541
Filing Date	12/11/98
First Named Inventor	Anna Gutowska
Examiner Name	J. Mullis
Group/Art Unit	1711
Attorney Docket No	E-1537 CIP

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit Account Number

02-1275

Deposit Account Name

Battelle Memorial Institute - PND



Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2 Payment Enclosed

check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
101 690	201 345	Utility filing fee	
106 310	206 155	Designing filing fee	
107 480	207 240	Plant filing fee	
108 690	208 345	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) \$(-0-)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee form below	Fee Paid
18	0	X	0
Independent	4		0
Claims	2		0
Multiple Dependent			

** or number previously paid, if greater. For Reissues, see below

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	**Reissue independent claims over original patent	
110 18	210 9	**Reissue claims in excess of 20 and over original patent	

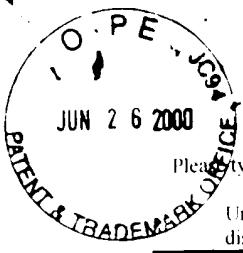
SUBTOTAL (2) \$(-0-)

3 ADDITIONAL FEES

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)		
105 130	205 65	Surcharge- late filing fee or oath	
127 50	227 25	Surcharge- late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	
118 1,360	218 680	Extension for reply within forth month	
128 1,850	228 925	Extension for reply within fifth month	
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Requesting for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	224 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 690	246 345	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 690	249 345	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
Other fee (specify)			
Reduced by Basic Filing Fee Paid		SUBTOTAL (3) \$(<u>-55-</u>)	

Complete (if applicable)

Name (Print Type)	Stephen R. May	Registration No (Attorney/Agent)	29,255	Telephone	(509) 375-2387
Signature	<i>Stephen R. May</i>	Date	<i>6-21-2000</i>		



Please type a plus sign (+) inside this box →

PTO/SB-21 (6-98)

Approved for use through 09/30/2000, OMB 0651-0031

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/209,541
		Filing Date	12/11/98
		First Named Inventor	Anna Gutowska
		Group Art Unit	1711
		Examiner Name	J. Mullis
Total Number of Pages in This Submission	4	Attorney Docket Number	E-1537 CIP

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/ Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/ declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Responses to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an application)</i> <input type="checkbox"/> Drawing (s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entry Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interference(s) <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Rely Brief)</i> <input type="checkbox"/> Proprietary information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Stephen R. May
Signature	
Date	June 26, 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Type or printed name	Janice K. Laybourn	
Signature		Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS - SEND TO Assistant Commissioner for Patents, Washington, DC 20231.